

Proposed technical correction:

**SECTION #.** G.S. 115C-218.75 reads as rewritten:

**"§ 115C-218.75. General operating requirements.**

(a) Health and Safety Standards. – A charter school shall meet the same health and safety requirements required of a local school administrative unit. The Department of Public Instruction shall ensure that charter schools provide parents and guardians with information about meningococcal meningitis and influenza and their vaccines at the beginning of every school year. This information shall include the causes, symptoms, and how meningococcal meningitis and influenza are spread and the places where parents and guardians may obtain additional information and vaccinations for their children.

The Department of Public Instruction shall also ensure that charter schools provide parents and guardians with information about cervical cancer, cervical dysplasia, human papillomavirus, and the vaccines available to prevent these diseases. This information shall be provided at the beginning of the school year to parents of children entering grades five through 12. This information shall include the causes and symptoms of these diseases, how they are transmitted, how they may be prevented by vaccination, including the benefits and possible side effects of vaccination, and the places where parents and guardians may obtain additional information and vaccinations for their children.

The Department of Public Instruction shall also ensure that charter schools provide students in grades seven through 12 with information annually on the preventable risks for preterm birth in subsequent pregnancies, including induced abortion, smoking, alcohol consumption, the use of illicit drugs, and inadequate prenatal care.

The Department of Public Instruction shall also ensure that charter schools provide students in grades nine through 12 with information annually on the manner in which a parent may lawfully abandon a newborn baby with a responsible person, in accordance with G.S. 7B-500.

The Department of Public Instruction shall also ensure that the guidelines for individual diabetes care plans adopted by the State Board of Education under G.S. 115C-12(31) are implemented in charter schools in which students with diabetes are enrolled and that charter schools otherwise comply with ~~the provisions of~~ G.S. 115C-375.3.

The Department of Public Instruction shall ensure that charter schools comply with G.S. 115C-375.2A. The board of directors of a charter school shall provide the school with a supply of emergency epinephrine auto-injectors necessary to carry out ~~the provisions of~~ G.S. 115C-375.2A.

(b) School Risk Management Plan. – Each charter school, in coordination with local law enforcement and emergency management agencies, is encouraged to adopt a School Risk Management Plan (SRMP) relating to incidents of school violence. In constructing and maintaining these plans, charter schools may utilize the School Risk and Response Management System (SRRMS) established pursuant to G.S. 115C-105.49A. These plans are not considered a public record as the term "public record" is defined under G.S. 132-1 and ~~shall not be~~ are not subject to inspection and examination under G.S. 132-6.

Charter schools are encouraged to provide schematic diagrams and keys to the main entrance of school facilities to local law enforcement agencies, in addition to implementing ~~the provisions in~~ G.S. 115C-105.52.

(c) Policy Against Bullying. – A charter school is encouraged to adopt a policy against bullying or harassing behavior, including cyber bullying, that is consistent with the provisions of Article 29C of this Chapter. If a charter school adopts a policy to prohibit bullying and harassing

behavior, the charter school shall, at the beginning of each school year, provide the policy to staff, students, and parents as defined in G.S. 115C-390.1(b)(8).

(d) School Safety Exercises. – At least once a year, a charter school is encouraged to hold a full school-wide lockdown exercise with local law enforcement and emergency management agencies that are part of the charter school's SRMP.

(e) School Safety Information Provided to Division of Emergency Management. – A charter school is encouraged to provide the following: (i) schematic diagrams, including digital schematic diagrams, and (ii) emergency response information requested by the Division for the SRMP. The schematic diagrams and emergency response information are not considered public records as the term "public record" is defined under G.S. 132-1 and ~~shall not be~~ are not subject to inspection and examination under G.S. 132-6.

(e1) Anonymous Tip Line. – A charter school shall develop and operate an anonymous tip line in accordance with G.S. 115C-105.51.

(f) Access for Youth Groups. – Charter schools are encouraged to facilitate access for students to participate in activities provided by any youth group listed in Title 36 of the United States Code as a patriotic society, such as the Boy Scouts of America, and its affiliated North Carolina groups and councils, and the Girl Scouts of the United States of America, and its affiliated North Carolina groups and councils. Student participation in any activities offered by these organizations shall not interfere with instructional time during the school day for the purposes of encouraging civic education.

(g) Child Sexual Abuse and Sex Trafficking Training Program. – A charter school shall adopt and implement a child sexual abuse and sex trafficking training program in accordance with G.S. 115C-375.20.

(h) School-Based Mental Health Plan Required. – A charter school shall adopt a school-based mental health plan, including a mental health training program and suicide risk referral protocol, in accordance with G.S. 115C-376.5." (1995 (Reg. Sess., 1996), c. 731, s. 2; 1997-430, s. 5; 1997-443, s. 8.19; 1997-456, s. 55.4; 1998-212, s. 9.14A(a); 1999-243, s. 8; 2001-462, s. 1; 2004-118, s. 3; 2004-203, s. 45(b); 2006-69, s. 3(e); 2006-137, s. 2; 2007-59, s. 2; 2007-126, s. 2; 2007-323, s. 28.22A(o); 2007-345, s. 12; 2009-239, s. 1; 2009-563, s. 2; 2010-10, s. 2(a); 2011-93, s. 2(a); 2011-145, s. 7.29(b); 2011-164, s. 4; 2011-282, s. 9; 2012-142, ss. 7A.1(f), 7A.3(c), 7A.11(b); 2012-145, s. 2.5; 2012-179, s. 1(c); 2013-307, s. 1.1; 2013-355, s. 1(f); 2013-359, s. 1; 2013-360, ss. 8.43(a), 9.7(q); 2014-100, ss. 8.23(b), 8.32(b); 2014-101, s. 7; 2015-241, s. 8.26(h); 2015-249, s. 3; 2018-5, s. 7.26(c); 2019-245, s. 4.4(b); 2020-7, s. 1(c).)

Explanation: In addition to making clean-up changes, this proposed technical correction adds a missing catchline for subsection (h). This new catchline matches the catchline for G.S. 115C-75.9(n).

Background:

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2019**

**SESSION LAW 2020-7  
SENATE BILL 476**

AN ACT TO REQUIRE THE STATE BOARD OF EDUCATION TO ADOPT A SCHOOL-BASED MENTAL HEALTH POLICY AND TO REQUIRE K-12 SCHOOL UNITS TO ADOPT AND TO IMPLEMENT A SCHOOL-BASED MENTAL HEALTH PLAN THAT INCLUDES A MENTAL HEALTH TRAINING PROGRAM AND A SUICIDE RISK REFERRAL PROTOCOL.

The General Assembly of North Carolina enacts:

**SECTION 1.(a)** Chapter 115C of the General Statutes is amended by adding a new Article to read:

"Article 25B.

"Mental Health Needs of Student.

**"§ 115C-376.5. School-based mental health plan required.**

(a) Definitions. – The following definitions shall apply in this section:

- (1) K-12 school unit. – A local school administrative unit, a charter school, a regional school, an innovative school, or a laboratory school.
- (2) School personnel. – Teachers, instructional support personnel, principals, and assistant principals. This term may also include, in the discretion of the K-12 school unit, other school employees who work directly with students in grades kindergarten through 12.

(b) School-Based Mental Health Policy. – The State Board of Education shall adopt a school-based mental health policy that includes (i) minimum requirements for a school-based mental health plan for K-12 school units and (ii) a model mental health training program and model suicide risk referral protocol for K-12 school units. Consistent with this section, the model mental health training program and model suicide risk referral protocol shall meet all of the following requirements:

- (1) The model mental health training program shall be provided to school personnel who work with students in grades kindergarten through 12 and address the following topics:
  - a. Youth mental health.
  - b. Suicide prevention.
  - c. Substance abuse.
  - d. Sexual abuse prevention.
  - e. Sex trafficking prevention.
  - f. Teenage dating violence.
- (2) The model suicide risk referral protocol shall be provided to school personnel who work with students in grades six through 12 and provide both of the following:
  - a. Guidelines on the identification of students at risk of suicide.
  - b. Procedures and referral sources that address actions that should be taken to address students identified in accordance with this subdivision.

(c) School-Based Mental Health Plan. – Each K-12 school unit shall adopt a plan for promoting student mental health and well-being that includes, at a minimum, the following:

- (1) Minimum requirements for a school-based mental health plan established by the State Board of Education pursuant to subsection (b) of this section.

- (2) A mental health training program and a suicide risk referral protocol that are consistent with the model programs developed by the State Board of Education pursuant to subsection (b) of this section.

(d) Training and Protocol Requirements. – Each K-12 school unit shall provide its adopted mental health training program and suicide risk referral protocol to school personnel at no cost to the employee. Employees shall receive an initial mental health training of at least six hours and subsequent mental health trainings of at least two hours. The initial mental health training shall occur within the first six months of employment. Subsequent mental health trainings shall occur in the following school year and annually thereafter. In the discretion of the K-12 school unit, the initial mental health training may be waived in the event the employee completed an initial mental health training at another K-12 school unit. School personnel may meet mental health training requirements in any of the following ways:

- (1) Electronic delivery of instruction.
- (2) Videoconferencing.
- (3) Group, in-person training.
- (4) Self-study.

(e) Review and Update. – Beginning August 1, 2025, and every five years thereafter, the Superintendent of Public Instruction shall review the State Board of Education's minimum requirements for a school-based mental health plan, model mental health training program, and model suicide risk referral protocol and recommend any needed changes to the State Board of Education. The State Board shall update its policies to reflect those recommendations and publish the updates to K-12 school units. A K-12 school unit shall update its adopted school-based mental health plan in accordance with any updates provided by the State Board.

(f) Reporting; State Audit. – By September 15 of each year, each K-12 school unit shall report to the Department of Public Instruction on (i) the content of the school-based mental health plan adopted in the unit, including the mental health training program and suicide risk referral protocol, and (ii) prior school year compliance with requirements of this section. The Department of Public Instruction may also audit K-12 school units at appropriate times to ensure compliance with the requirements of this section. The Department shall report the information it receives pursuant to this subsection to the Joint Legislative Education Oversight Committee and the Joint Legislative Oversight Committee on Health and Human Services by December 15 of each year.

(g) No Duty. – Nothing in this section shall be construed to impose an additional duty on a K-12 school unit to provide referral, treatment, follow-up, or other mental health and suicide prevention services to students of the K-12 school unit.

(h) Limitation of Civil Liability. – No governing body of a K-12 school unit, nor its members, employees, designees, agents, or volunteers, shall be liable in civil damages to any party for any loss or damage caused by any act or omission relating to the provision of, participation in, or implementation of any component of a school-based mental health plan, mental health training program, or suicide risk referral protocol required by this section, unless that act or omission amounts to gross negligence, wanton conduct, or intentional wrongdoing. Nothing in this section shall be construed to impose any specific duty of care or standard of care on a K-12 school unit."

**SECTION 1.(b)** G.S. 115C-75.9 is amended by adding a new subsection to read:

→ "(n) School-Based Mental Health Plan Required. – An innovative school shall adopt a school-based mental health plan, including a mental health training program and suicide risk referral protocol, in accordance with G.S. 115C-376.5."

**SECTION 1.(c)** G.S. 115C-218.75 is amended by adding a new subsection to read:

→ "(h) A charter school shall adopt a school-based mental health plan, including a mental health training program and suicide risk referral protocol, in accordance with G.S. 115C-376.5."

→ **SECTION 1.(d)** G.S. 115C-238.66 is amended by adding a new subdivision to read:

→ "(16) School-based mental health plan required. – A regional school shall adopt a school-based mental health plan, including a mental health training program and suicide risk referral protocol, in accordance with G.S. 115C-376.5."

→ **SECTION 1.(e)** G.S. 116-239.8(b) is amended by adding a new subdivision to read:

→ "(18) School-based mental health plan required. – A laboratory school shall adopt a school-based mental health plan, including a mental health training program and suicide risk referral protocol, in accordance with G.S. 115C-376.5."

**SECTION 1.(f)** Section 6(d) of S.L. 2018-32 is amended by adding a new subdivision to read:

"(16a) Article 25B, Mental Health Needs of Students."

**SECTION 1.(g)** The State Board of Education shall adopt a school-based mental health policy, including a model mental health training program and model suicide risk referral protocol, in accordance with this act no later than December 1, 2020. The school-based mental health policy shall effectuate the recommendations of the May 31, 2018, report of the Superintendent's Working Group on Student Health and Well-Being pursuant to Section 4 of S.L. 2017-57 to the extent those recommendations are consistent with this act and current State law. The model mental health training program and model suicide risk referral protocol incorporated in that policy shall meet the requirements developed by the Superintendent's Working Group on Health and Well-Being in its October 15, 2018, report pursuant to Section 5 of S.L. 2018-32. The Superintendent of Public Instruction shall ensure that a copy of the school-based mental health policy adopted by the State Board in accordance with this act is made available to each K-12 school unit by December 31, 2020. Each K-12 school unit shall adopt a school-based mental health plan that incorporates the State Board policy, including a mental health training program and suicide risk referral protocol, no later than July 1, 2021.

**SECTION 2.** This act is effective when it becomes law. Notwithstanding G.S. 115C-376.5(d), as enacted by this act, school personnel required to complete the training and employed in a K-12 school unit as of the effective date of this act shall complete their initial mental health training by the end of the 2021-2022 school year.

In the General Assembly read three times and ratified this the 28<sup>th</sup> day of May, 2020.

s/ Philip E. Berger  
President Pro Tempore of the Senate

s/ Tim Moore  
Speaker of the House of Representatives

s/ Roy Cooper  
Governor

Approved 1:08 p.m. this 8<sup>th</sup> day of June, 2020